

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0960042	NORTHVILLE MARKET, INC.			NC	30	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
301 LITCHFIELD ROAD				1				
Towns Served: NEW MILFORD								

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

Water System Facility: **WELL (WSF ID: 20043)**

E. Coli (3014)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	5/30/2010	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
20043	WELL	2	WELL	A				
54613	TREATMENT PLANT							

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0960042	NORTHVILLE MARKET, INC.			NC	30	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
301 LITCHFIELD ROAD			1				

Towns Served: NEW MILFORD

Contact Information

Name				Organization			Job Title		
Mr. Joel Brenner									
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
301 Litchfield Road						New Milford		CT	06776
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-355-2667									

Contact Role(s): **Legal Contact, Owner**

Name				Organization			Job Title		
Mr. David Brenner				Northville Market Inc			President		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
301 Litchfield Road						New Milford		CT	06776
Business Phone		Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-355-2667			860-350-3232	203-417-8408	860-868-2842	david@northvillemarket.net			

Contact Role(s): **Administrative Contact**

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0960014	THAI CHARM RESTAURANT			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
218 KENT ROAD				1			
Towns Served: NEW MILFORD							

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21625	WELL	2	WELL	A				
57360	TREATMENT PLANT							

Contact Information

Name				Organization			Job Title			
Mr. Kititakone Panasy										
Mailing Address Line One			Mailing Address Line Two				City		State	Zip Code
20 Nunnawauk Road							Newtown		CT	06470
Business Phone		Extension	Fax		Mobile Phone		Emergency Phone	Email Address		
860-428-6477								kpanasy@gmail.com		
Contact Role(s): Administrative Contact, Legal Contact, Owner										

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0960014	THAI CHARM RESTAURANT			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
218 KENT ROAD				1			
Towns Served: NEW MILFORD							

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0960024	ALFREDOS RESTAURANT			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
651 KENT ROAD				1			
Towns Served: NEW MILFORD							

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate (1040)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Nitrite (1041)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	6/15/2014	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21626	WELL	2	WELL	A				

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0960024	ALFREDOS RESTAURANT			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
651 KENT ROAD				1			

Towns Served: NEW MILFORD

Contact Information

Name				Organization			Job Title		
Ms. Mimi Leto				Alfredo's Restaurant			Owner		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
651 Kent Road						Gaylordsville		CT	06755
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-355-2448						860-354-4038			

Contact Role(s): **Administrative Contact, Legal Contact**

Name				Organization			Job Title		
Ms. Rosalia Desbiens				651 Kent Rd			Owner		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
651 Kent Rd						Gaylordsville		CT	06755
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		

Contact Role(s): **Owner**

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0960034	BIBLE BAPTIST CHURCH			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
126 KENT ROAD				1			

Towns Served: NEW MILFORD

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21627	WELL	2	WELL	A				

Contact Information

Name				Organization			Job Title		
Mr. G. Eric Foehr				Forest Homes Water Assn			Chairman		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
126 Kent Road						New Milford		CT	06776
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-354-0733					OFFICE@BIBLE-BAPTIST.COM				
Contact Role(s):	Administrative Contact, Legal Contact, Owner								

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0960034	BIBLE BAPTIST CHURCH	NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
126 KENT ROAD				1	
Towns Served: NEW MILFORD					
Name		Organization		Job Title	
Mr. Kirk Englund		Bible Baptist Church		Chairman	
Mailing Address Line One		Mailing Address Line Two		City	State
126 Kent Road				New Milford	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-354-0733				860-355-5467	
Contact Role(s): Legal Contact					
Name		Organization		Job Title	
Board of Deacons					
Mailing Address Line One		Mailing Address Line Two		City	State
126 Kent Road				New Milford	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-355-4509					
Contact Role(s): Owner					

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0960064	BUCKS ROCK CAMP			NC	450	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
59 BUCK ROCK ROAD				1			
Towns Served: NEW MILFORD							

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Physical Parameters (PPS)	1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Water System Facility: **ENTRY POINT - WELLS 6 & 7 (WSF ID: 00701)**

Nitrate And Nitrite (NOX)	1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

Monthly Water System Facility (WSF) Level Monitoring Requirements

Water System Facility: **ENTRY POINT - WELLS 6 & 7 (WSFID: 00701)**

Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month	
Chlorine	Entry Point Chlorine Residual Monitoring (CHLR)	Minimum: 0.2 MG/L	Daily	
Start Date: 6/1/2011				
	Compliance History:	Operating Limit	Monitoring	
	Monitoring Period	Compliance Status:	Compliance Status:	
	11/1/2018 - 11/30/2018			N
	12/1/2018 - 12/31/2018			N
	1/1/2019 - 1/31/2019			N
	2/1/2019 - 2/28/2019			N
	3/1/2019 - 3/31/2019			
	4/1/2019 - 4/30/2019			
Analyte	Monitoring Requirement (Summary Type)	Operating Limit	Samples Req/Month	
Chlorine	Entry Point RDC (EPRD)	Minimum: 0.30 MG/L	Daily	
Start Date: 7/1/2016				
	Compliance History:	Operating Limit	Monitoring	
	Monitoring Period	Compliance Status:	Compliance Status:	
	11/1/2018 - 11/30/2018			N
	12/1/2018 - 12/31/2018			N
	1/1/2019 - 1/31/2019			N
	2/1/2019 - 2/28/2019			N
	3/1/2019 - 3/31/2019			
	4/1/2019 - 4/30/2019			

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2019	

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0960064	BUCKS ROCK CAMP			NC	450	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
59 BUCK ROCK ROAD					1			
Towns Served: NEW MILFORD								

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SEASONAL START UP COMPLETION	6/1/2019	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		BOYS HOUSE	OUTDOOR TAP@CHIMNEY	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00701	ENTRY POINT - WELLS 6 & 7	3	ENTRY POINT	A				
48032	WELL 6	2	WELL 6	A				
53937	WELL 7	2	WELL 7	A				
57759	TREATMENT PLANT							
57763	ATMOSPHERIC STORAGE TANK							

Certified Operator Information

Water System Facility: TREATMENT PLANT (WSF ID: 57759)

Facility Classification:	Operator Name	Operator Type	Certification(s)	Certification Expiration
	TOMASCAK, THOMAS S.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	12/31/2021
			WATER TREATMENT PLANT OPERATOR - CLASS I	6/30/2019

Contact Information

Name				Organization			Job Title		
Mr. Noah Salzman				Buck's Rock Camp			Exec Director		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
59 Buck'srock Road						New Milford		CT	06776
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
415-652-4804						203-788-8305	noah@bucksrockcamp.com		
Contact Role(s): Administrative Contact, Legal Contact, Owner									

Please note the following:

- The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- If a Collection Period is specified, all water quality samples must be collected during the specified period.
- Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0960104	CANDLEWOOD VALLEY COUNTRY CLUB			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
401 DANBURY ROAD				1			
Towns Served: NEW MILFORD							

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	6/26/2015	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21634	WELL	2	WELL	A				

Contact Information

Name				Organization			Job Title		
Ms. Beth Ford							General Manager		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
401 Danbury Road						New Milford		CT	06776
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-354-9359		860-355-3965							
Contact Role(s):	Administrative Contact, Legal Contact								

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0960104	CANDLEWOOD VALLEY COUNTRY CLUB	NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
401 DANBURY ROAD			1		
Towns Served: NEW MILFORD					
Name		Organization		Job Title	
Candlewood Valley Country Club					
Mailing Address Line One		Mailing Address Line Two		City	State
401 Danbury Rd				New Milford	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
Contact Role(s): Owner					

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0960234	HARRYBROOKE PARK			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
LANESVILLE ROAD				1			

Towns Served: NEW MILFORD

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		3 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	4/1/19 - 4/30/19			
	5/1/19 - 5/31/19			
	6/1/19 - 6/30/19			
	7/1/19 - 7/31/19			
	8/1/19 - 8/31/19			
	9/1/19 - 9/30/19			

Physical Parameters (PPS)		3 routine (RT) per month		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	4/1/19 - 4/30/19			
	5/1/19 - 5/31/19			
	6/1/19 - 6/30/19			
	7/1/19 - 7/31/19			
	8/1/19 - 8/31/19			
	9/1/19 - 9/30/19			

Water System Facility: **POOLHOUSE ENTRY POINT (WSF ID: 00701)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
POOLHOUSE ENTRY POINT (3)	1/1/18 - 12/31/18	4/1-9/30	Complete	
	1/1/19 - 12/31/19	4/1-9/30		
	1/1/20 - 12/31/20	4/1-9/30		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
SEASONAL START UP COMPLETION	4/1/2019	

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Total Coliform M&R Violation	7/1/15 - 9/30/15	2	2/6/2016		2/16/2016	
REVISED TOTAL COLIFORM RULE (RTCR)	4/2/18 - 4/19/18	3	6/14/2019	1/22/2019	6/24/2019	1/22/2019
Physical Parameters M&R Violation	5/1/18 - 5/31/18	3	9/6/2019	1/22/2019	9/16/2019	1/22/2019
Total Coliform M&R Violation	5/1/18 - 5/31/18	3	9/6/2019	1/22/2019	9/16/2019	1/22/2019

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	3-GARDEN	GENERATED BY BATCH	A	Y			
		3-POOLHOUSE	GENERATED BY BATCH	A	Y			
		4	DISTRIBUTION SYSTEM	A	Y			

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0960234	HARRYBROOKE PARK			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
LANESVILLE ROAD					1			
Towns Served: NEW MILFORD								

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
		4-GARDEN	GARDEN DISTRIBUTION	A	Y			
		4-MUSEUM	MUSEUM DISTRIBUTION	A	Y			
		4-POLHOUSE	POLHOUSE DISTRIBUTI	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	MUSEUM ENTRY POINT	3	ENTRY POINT	A				
00701	POLHOUSE ENTRY POINT	3	POLHOUSE ENTRY POIN	A				
21642	MUSEUM WELL	2-MUSEUM	MUSEUM WELL	A				
21643	POLHOUSE WELL	2-POLHOUSE	POLHOUSE WELL	A				
61114	ION EXCHANGE TREATMENT							

Contact Information

Name			Organization			Job Title		
Mr. William Deak			Harrybrooke Park			Chairman		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
P.O. Box 364						New Milford	CT	06776
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-354-6325					wfdeak@aol.com			

Contact Role(s): **Administrative Contact, Legal Contact**

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0960244	JEHOVAHS WITNESSES			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
22 OLD PARK LANE				1			

Towns Served: NEW MILFORD

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21643	WELL	2	WELL	A				
57367	WATER TREATMENT PLANT							

Contact Information

Name				Organization			Job Title		
Mr. Kevin Moran									
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
110 Kent Rd						New Milford		CT	06776-3400
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-354-4118			860-355-4788			860-770-3852			
Contact Role(s):		Administrative Contact, Legal Contact							

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0960244	JEHOVAHS WITNESSES	NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
22 OLD PARK LANE				1	
Towns Served: NEW MILFORD					
Name		Organization		Job Title	
Mr. David R Baker		Jehovahs Witnesses		Chairman	
Mailing Address Line One		Mailing Address Line Two		City	State
22 Old Park Lane				New Milford	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-354-1555					
Contact Role(s): Legal Contact					
Name		Organization		Job Title	
Jehovahs Witnesses					
Mailing Address Line One		Mailing Address Line Two		City	State
22 Old Park Lane				New Milford	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
Contact Role(s): Owner					

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0960254	KENT RD SHOPPING CENTER			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
48 KENT ROAD				1			

Towns Served: NEW MILFORD

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21644	WELL	2	WELL	A				

Contact Information

Name				Organization			Job Title		
Ms. Susan Daigle				Lester & Lynore, LLC			Agent		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
48 Kent Road						New Milford		CT	06776
Business Phone		Extension	Fax	Mobile Phone		Emergency Phone	Email Address		
860-355-9222									
Contact Role(s):		Administrative Contact, Legal Contact							

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0960254	KENT RD SHOPPING CENTER			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
48 KENT ROAD				1			

Towns Served: NEW MILFORD

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0960274	LYNN DEMING PARK			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
CANDLEWOOD LAKE ROAD					1			

Towns Served: NEW MILFORD

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18	4/1-9/30	Complete
	1/1/19 - 12/31/19	4/1-9/30	
	1/1/20 - 12/31/20	4/1-9/30	

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
SEASONAL START UP COMPLETION	5/1/2019	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		NMPR-01	LADIES ROOM SINK	A	Y	N		
		NMPR-02	MENS ROOM SINK	A	Y	N		
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21646	WELL	2	WELL	A				

Contact Information

Name				Organization			Job Title		
Mr. Daniel Calhoun				New Milford Parks & Recreation			Director Parks & Rec		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
10 Main Street						New Milford		CT	06776
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-355-6050			860-355-6052				dcalhoun@newmilford.org		
Contact Role(s): Administrative Contact, Legal Contact									

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0960274	LYNN DEMING PARK			NC	25	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
CANDLEWOOD LAKE ROAD			1				
Towns Served: NEW MILFORD							

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0960284	RED CARPET MOTEL			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
244 KENT ROAD					1			
Towns Served: NEW MILFORD								

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per month	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		

Physical Parameters (PPS)		1 routine (RT) per month	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	10/1/2015	

Public Notification Requirements

Violation/Situation	Compliance Period	Notice Tier	Public Notification		PN Certification	
			Required	Performed	Due to DPH	Received

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification		Population	Owner Type	Primary Source
CT0960284	RED CARPET MOTEL			NC		25	P	GW
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
244 KENT ROAD					1			
Towns Served: NEW MILFORD								
				Required	Performed	Due to DTH	Received	
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	12/31/16 - 8/21/18	2		7/22/2017		8/1/2017		
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	1/12/18 - 8/21/18	2		4/28/2018		5/8/2018		
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	1/12/18 - 8/21/18	2		4/28/2018		5/8/2018		
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	2/18/18 - 8/21/18	2		4/28/2018		5/8/2018		
REVISED TOTAL COLIFORM RULE (RTCR)	1/12/18 - 8/21/18	3		4/28/2018		5/8/2018		
REVISED TOTAL COLIFORM RULE (RTCR)	2/18/18 - 8/21/18	3		4/28/2018		5/8/2018		
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	7/23/18 - 8/16/18	2		8/30/2018		9/9/2018		
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	6/30/18 - 8/21/18	2		8/30/2018		9/9/2018		
REVISED TOTAL COLIFORM RULE (RTCR)	6/30/18 - 8/21/18	3		8/30/2018		9/9/2018		
REVISED TOTAL COLIFORM RULE (RTCR)	7/23/18 - 8/21/18	3		8/30/2018		9/9/2018		
E. Coli M&R Violation	11/28/17 - 12/4/17	3		3/6/2019		3/16/2019		
E. Coli M&R Violation	11/28/17 - 12/4/17	3		3/6/2019		3/16/2019		
E. Coli M&R Violation	12/11/17 - 12/17/17	3		3/6/2019		3/16/2019		
E. Coli M&R Violation	12/11/17 - 12/17/17	3		3/6/2019		3/16/2019		
E. Coli M&R Violation	12/11/17 - 12/17/17	3		3/6/2019		3/16/2019		
E. Coli M&R Violation	6/22/18 - 6/28/18	3		8/29/2019		9/8/2019		
E. Coli M&R Violation	6/22/18 - 6/28/18	3		8/29/2019		9/8/2019		
Total Coliform M&R Violation	4/1/18 - 4/30/18	3		8/29/2019		9/8/2019		
E. Coli M&R Violation	6/22/18 - 6/28/18	3		8/29/2019		9/8/2019		
Physical Parameters M&R Violation	4/1/18 - 4/30/18	3		8/29/2019		9/8/2019		
Physical Parameters M&R Violation	11/1/18 - 11/30/18	3		3/7/2020	4/2/2019	3/17/2020	4/4/2019	
Total Coliform M&R Violation	11/1/18 - 11/30/18	3		3/7/2020	4/2/2019	3/17/2020	4/4/2019	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		BARBER RR	BARBER SHOP RR	A	Y		Y	
		BS	BAR SINK	A	Y		Y	
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		RESTKITLHS	REST KIT HAND SNK L	A	Y		Y	
		RESTKITRHS	REST KIT HAND SNK R	A	Y		Y	
		RESTKSSS	REST KIT SNK SINGLE	A	Y		Y	
		RESTRPLSNKL	REST KIT TRPL SNK L	A	Y		Y	
		RESTRPLSNKR	REST KIT TRPL SNK R	A	Y		Y	
		RRLR	RR LADY ROOM	A	Y		Y	
		RRMR	RR MENS RR	A	Y		Y	
		TATTOO RR	TATTOO PARLOR RR	A	Y		Y	
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21647	WELL	2	WELL	A				
56864	UV TREATMENT							

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0960284	RED CARPET MOTEL			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
244 KENT ROAD				1			

Towns Served: NEW MILFORD

Contact Information

Name				Organization		Job Title			
Mr. Alex Patel				Red Carpet Inn		Owner			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
296 Ethan Allen Highway						Ridgefield		CT	06877
Business Phone		Extension	Fax	Mobile Phone		Emergency Phone	Email Address		
203-438-3781							mrpatel2002@yahoo.com		

Contact Role(s): **Administrative Contact, Legal Contact**

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0960294	TANDOORI FLAMES			NC	34	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
471 DANBURY ROAD					1			
Towns Served: NEW MILFORD								

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	2/26/2016	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21648	WELL	2	WELL	A				

Contact Information

Name				Organization				Job Title		
Mr. Parviz B. Mehri								Property Owner		
Mailing Address Line One			Mailing Address Line Two				City		State	Zip Code
2 Glen Hill Road							Danbury		CT	06811
Business Phone		Extension	Fax		Mobile Phone		Emergency Phone	Email Address		
203-748-2020										
Contact Role(s): Administrative Contact, Legal Contact, Owner										

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0960294	TANDOORI FLAMES			NC	34	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
471 DANBURY ROAD			1				
Towns Served: NEW MILFORD							

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0960424	ROCKY RIVER MOTEL			NC	27	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
236 KENT ROAD				1			

Towns Served: NEW MILFORD

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21657	WELL	2	WELL	A				

Contact Information

Name				Organization		Job Title			
Mr. Champa Patel				Rocky River Motel		Owner			
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
236 Kent Road						New Milford		CT	06776
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		
860-355-3208			860-355-8165			860-355-3208	rockyrivermotel@aol.com		
Contact Role(s): Administrative Contact, Legal Contact, Owner									

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0960424	ROCKY RIVER MOTEL	NC	27	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
236 KENT ROAD			1		
Towns Served: NEW MILFORD					
Name		Organization		Job Title	
Mr. Ramesh. Patel		Rocky River Motel		Owner	
Mailing Address Line One		Mailing Address Line Two		City	State
236 Kent Road				New Milford	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-355-3208		860-355-8165			rockyrivermotel@aol.com
Contact Role(s): Owner					

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0960474	THE OLD OAK TAVERN			NC	30	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1 SOUTH KENT ROAD				1			
Towns Served: NEW MILFORD							

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete	
	1/1/19 - 3/31/19		Complete	
	4/1/19 - 6/30/19			
	7/1/19 - 9/30/19			

Physical Parameters (PPS)		1 routine (RT) per quarter		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete	
	1/1/19 - 3/31/19		Complete	
	4/1/19 - 6/30/19			
	7/1/19 - 9/30/19			

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year		
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>	
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete	
	1/1/19 - 12/31/19		Complete	
	1/1/20 - 12/31/20			

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Total Coliform M&R Violation	1/1/12 - 3/31/12	2	10/17/2012		10/27/2012	
Physical Parameters M&R Violation	1/1/12 - 3/31/12	3	6/12/2013		6/22/2013	
Total Coliform M&R Violation	1/1/15 - 3/31/15	2	8/5/2015		8/15/2015	
Physical Parameters M&R Violation	1/1/15 - 3/31/15	3	7/5/2016		7/15/2016	
Physical Parameters M&R Violation	7/1/16 - 9/30/16	3	2/8/2018		2/18/2018	
Total Coliform M&R Violation	7/1/16 - 9/30/16	3	2/8/2018		2/18/2018	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
00700	ENTRY POINT	3	ENTRY POINT	A				
21660	WELL	2	WELL	A				

Contact Information

Name		Organization		Job Title		
Mr. Henry Showah		Hen John Enterprises LLC		Owner		
Mailing Address Line One		Mailing Address Line Two		City	State	Zip Code
1 South Kent Road				Gaylordsville	CT	06755

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
CT0960474	THE OLD OAK TAVERN	NC	30	P	GW		
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1 SOUTH KENT ROAD			1				
Towns Served: NEW MILFORD							
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-355-1100		845-501-3266		914-260-6617	henjohnllc@outlook.com		
Contact Role(s): Administrative Contact, Legal Contact, Owner							

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0960524	TEMPLE SHOLOM			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
122 KENT ROAD				1			

Towns Served: NEW MILFORD

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21663	WELL	2	WELL	A				

Contact Information

Name				Organization			Job Title		
Ms. Tamara Potter				Temple Sholom			Administrator		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
122 Kent Road			P O Box 509			New Milford		CT	06776
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-354-0273		860-350-9732			admin@tsholom.org				
Contact Role(s):	Administrative Contact								

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0960524	TEMPLE SHOLOM			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
122 KENT ROAD				1			

Towns Served: NEW MILFORD

Name				Organization			Job Title		
Ms. Jill Neugroschl				Temple Sholom			Past President		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
122 Kent Road			P O Box 509			New Milford		CT	06776
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address		

Contact Role(s): **Legal Contact**

Name				Organization			Job Title		
Temple Sholom									
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
122 Kent Road			P O Box 509			New Milford		CT	06776
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				

Contact Role(s): **Owner**

Name				Organization			Job Title		
Mr. Louis Simon				Temple Sholom			President of Board		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
6 Woods Road						Sherman		CT	06784
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-350-5789									

Contact Role(s): **Legal Contact**

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0960604	TRINITY LUTHERAN CHURCH			NC	25	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
107 KENT ROAD			Connections		1			
Towns Served: NEW MILFORD								

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	2/12/2015	

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Total Coliform M&R Violation	4/1/10 - 6/30/10	2	9/24/2010		10/4/2010	
Physical Parameters M&R Violation	4/1/10 - 6/30/10	3	8/25/2011		9/4/2011	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21668	WELL	2	WELL	A				

Contact Information

Name		Organization		Job Title		
Mr. Gary Hults		Trinity Lutheran		Trustee		
Mailing Address Line One		Mailing Address Line Two		City		State
				Zip Code		

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0960604	TRINITY LUTHERAN CHURCH	NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
107 KENT ROAD			1		
Towns Served: NEW MILFORD					
		P O Box 388		New Milford	CT 06776
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-354-3450				860-355-0823	
Contact Role(s):	Administrative Contact, Legal Contact, Owner				

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0969373	BULLS BRIDGE GOLF CLUB			NC	45	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
OLD STONE ROAD				1			
Towns Served: NEW MILFORD							

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
CROSS CONNECTION SURVEY REPORT	3/1/2020	

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	GENERIC DISTRIBUTION	A				
		BBGC001	BAR 3 BAY SINK	A	Y	3		
		BBGC002	BAR 1 BAY SINK	A	Y	3	Y	
		BBGC003	KITCHEN 3 BAY SINK	A	Y	3		
		BBGC004	KITCH HANDWASH SINK	A	Y	3		
		BBGC005	KITCHEN 1 BAY SINK	A	Y	3		
		BBGC006	PRO BATHROOM SINK	A	Y	3		
		BBGC007	LADIES ROOM SINK	A	Y	3		
		BBGC008	MENS ROOM SINK	A	Y	3		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
53302	WELL 1	2	WELL 1	A				
60720	TREATMENT PLANT							

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0969373	BULLS BRIDGE GOLF CLUB			NC	45	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
OLD STONE ROAD				1			

Towns Served: NEW MILFORD

Contact Information

Name				Organization		Job Title	
Mr. David Flatau				Bulls Bridge Golf Club			
Mailing Address Line One			Mailing Address Line Two		City	State	Zip Code
			24 Fox Run		Sherman	CT	06784
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-927-7135		860-927-7136		860-927-7135	DCFLATAU@AOL.COM		

Contact Role(s): **Legal Contact**

Name				Organization		Job Title	
Mr. Peter Rothschild				The Bull's Bridge Golf Club, I		President	
Mailing Address Line One			Mailing Address Line Two		City	State	Zip Code
750 Third Ave					New York	NY	10017
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		

Contact Role(s): **Legal Contact, Owner**

Name				Organization		Job Title	
Mr. Attila Fodor				Bulls Bridge Golf Club		Club House Manager	
Mailing Address Line One			Mailing Address Line Two		City	State	Zip Code
71 Bulls Bridge Rd					South Kent	CT	06785
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-927-7135		860-927-7136			a.fodor@bullsbridgegolfclub.com		

Contact Role(s): **Administrative Contact**

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0969374	GEORGE WASHINGTON PLAZA			NC	39	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
1&3 GEORGE WASHINGTON PLAZA				2			
Towns Served: NEW MILFORD							

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Physical Parameters M&R Violation	4/1/18 - 6/30/18	3	8/30/2019		9/9/2019	
Total Coliform M&R Violation	4/1/18 - 6/30/18	3	8/30/2019		9/9/2019	

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
55299	WELL 1	2	WELL 1	A				

Contact Information

Name			Organization			Job Title		
Mr. Jeremiah. C Conway			Conway Hardwood Products			Legal Contact		
Mailing Address Line One		Mailing Address Line Two			City		State	Zip Code
37 Gaylord Road					Gayroadsville		CT	06755
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
860-355-4030								

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0969374	GEORGE WASHINGTON PLAZA	NC	39	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
1&3 GEORGE WASHINGTON PLAZA			2		
Towns Served: NEW MILFORD					
Contact Role(s): Legal Contact					
Name		Organization		Job Title	
Mr. Luis E Panora		3 George Washington Plaza		Owner	
Mailing Address Line One		Mailing Address Line Two		City	State
631 Kent Rd				Gaylordsville	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-210-1622					
Contact Role(s): Administrative Contact, Legal Contact, Owner					

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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<http://www.ct.gov/dph/publicdrinkingwater>

End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0969394	UPPER CRUST RESTAURANT			NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
373 LITCHFIELD ROAD						1	
Towns Served: NEW MILFORD							

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

Water System Facility: **WELL 1 (WSF ID: 58725)**

E. Coli (3014)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL 1 (2)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
58725	WELL 1	2	WELL 1	A				
58729	TREATMENT PLANT							

Contact Information

Name	Organization	Job Title		
Ms. Nancy Conant	Upper Crust Restaurant	Owner		
Mailing Address Line One	Mailing Address Line Two	City	State	Zip Code
373 Litchfield Road		New Milford	CT	06776

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
CT0969394	UPPER CRUST RESTAURANT	NC	25	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
373 LITCHFIELD ROAD					Combined
					1
Agricultural					
Towns Served: NEW MILFORD					
373 Litchfield Road		New Milford		CT	06776
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-350-0006		860-355-0360	860-402-6374		nancy_j_conant@sbcglobal.net

Contact Role(s): **Administrative Contact, Legal Contact, Owner**

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0969404	358 DANBURY ROAD			NC	66	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
358 DANBURY ROAD					2			
Towns Served: NEW MILFORD								

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate (1040)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Nitrite (1041)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
59983	WELL 1	2	WELL 1	A				

Contact Information

Name		Organization			Job Title		
Mr. Carlo Degrazia		Carlos Auto Service					
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
		360 Danbury Road			New Milford	CT	06776
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-799-6752				207-993-2433			

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0969404	358 DANBURY ROAD			NC	66	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
358 DANBURY ROAD					2			
Towns Served: NEW MILFORD								
800 755 6752								
347 555 2455								
Contact Role(s): Administrative Contact, Legal Contact								

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0969414	300 KENT ROAD			NC	25	L	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
300 KENT ROAD				1			
Towns Served: NEW MILFORD							

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
00700	ENTRY POINT	3	ENTRY POINT	A	Y			
60084	WELL 1	2	WELL 1	A				
60086	WATER SOFTENER							

Contact Information

Name				Organization				Job Title		
Mr. Joe Casimiro										
Mailing Address Line One			Mailing Address Line Two				City		State	Zip Code
43 River Road							New Milford		CT	06776
Business Phone		Extension	Fax		Mobile Phone		Emergency Phone	Email Address		
203-313-7564								casimiroj@charter.net		
Contact Role(s): Administrative Contact, Legal Contact, Owner										

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0969414	300 KENT ROAD			NC	25	L	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
300 KENT ROAD				1			
Towns Served: NEW MILFORD							

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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End of schedule

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0969434	THE GREEN SPOT			NC	31	P	GW
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
354 LITCHFIELD ROAD				1			

Towns Served: NEW MILFORD

Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
60116	WELL 1	2	WELL 1	A				
60120	PRESSURE TANK							

Contact Information

Name				Organization			Job Title		
Mr. Chris Bruzzi				Bruzzi Real Estate, LLC.					
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
			354 Litchfield Road			New Milford		CT	06776
Business Phone		Extension	Fax	Mobile Phone		Emergency Phone	Email Address		
203-650-1620							chrisbruzzi@bruzzilawn.com		
Contact Role(s): Administrative Contact, Legal Contact									

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Connecticut Department of Public Health Drinking Water Section

Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0969434	THE GREEN SPOT			NC	31	P	GW
Local Address (where applicable)	Service Connections	Residential	Commercial	Industrial	Combined	Agricultural	
354 LITCHFIELD ROAD			1				
Towns Served: NEW MILFORD							

Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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